

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09801484  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	6					
TOTAL DEP.	20	↔	↔	↔		
TOTAL CLAIMS	26	████████	████████	████████	████████	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↔	↔	↔	
TOTAL DEP.			↔	↔	↔	
TOTAL CLAIMS		████████	████████	████████	████████	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS